

INSULINS PA SUMMARY

PREFERRED	Iletin, Lantus, Levemir, Novolin, Novolog
NON-PREFERRED	Apidra, Humalog, Humulin

LENGTH OF AUTHORIZATION: 1 YEAR

NOTE: *Select Lilly products are preferred when there is no Novo Nordisk equivalent product available.*

PA CRITERIA:

- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to the therapeutically equivalent preferred product.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827.**

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.ghp.georgia.gov, select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.ghp.georgia.gov, select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.